

A Hospital for YOUR Community

WORKING NIGHT AND DAY



BUREAU OF HEALTH EDUCATION
DEPARTMENT OF HEALTH & PUBLIC WELFARE
HON. IVAN SCHULTZ
Minister

THE MANITOBA HEALTH PLAN

Hospitals

ONE of the most important parts of the Manitoba Health Plan is the provision of sufficient hospital facilities readily available to all the people of the province. We know that this will take time, effort, energy and money; we know that due to lack of sufficient trained personnel, doctors and nurses, as well as the shortage of building material, this part of the plan must be introduced gradually. But if we are to have hospitals TOMORROW we must plan for them TODAY. This pamphlet is a brief outline of the plan for hospitals and how it can be made operative.

Why Hospitals are Needed

BECAUSE additional hospital beds are needed to meet the needs of those requiring hospital treatment.

BECAUSE hospital facilities readily available are required if physicians are to provide the best type of medical care.

BECAUSE medical graduates will not practise in rural areas unless such facilities are provided.

BECAUSE rural people are entitled to have hospitals reasonably close to their homes.

BECAUSE infant mortality in rural Manitoba must be reduced and rural hospitals are necessary for this purpose.

BECAUSE it gives to the people of rural Manitoba approximately the same type of hospital care now available only in large urban centres.

Where They Are Needed

EVERYWHERE in Manitoba, even in the cities.

MORE URGENTLY in rural Manitoba where the proportion is $2\frac{1}{2}$ hospital beds per 1,000 population, as compared to 10 hospital beds per 1,000 population in the cities.

MOST URGENTLY in those areas where no hospital facilities are now available within a reasonable distance.

Kinds of Hospitals

A hospital will be one of three types, each doing the kind of work for which it is equipped, and which it is authorized to do.

- (1) **Area (or Regional) Hospitals**—Large hospitals of one hundred beds or more equipped for all types of hospital service, including every type of major surgery and diagnostic service. These will be located in Winnipeg, St. Boniface, Brandon and Dauphin.
- (2) **District Hospitals**—of twenty beds or more providing hospital services for two to six municipalities equipped with diagnostic facilities and capable of doing most types of major surgery. Thirty-four are required to serve the province.
- (3) **Medical Nursing Units**—of six or eight beds located in the larger towns where district hospitals are not located, providing facilities for minor surgery only, obstetrical cases and medical nursing cases. (These units are often referred to as "Cottage Hospitals", "Doctors' Workshops", or "Rural Health Centres".)

How They Are Located

Before the Manitoba Health Plan came into operation, hospitals were located without any thought as to the actual needs to be served and without any standards of construction or service other than those demanded by the Local Board of Management.

Under the Manitoba Health Plan this problem is faced. The province is divided into hospital areas or districts with sufficient population to maintain a good district hospital and the necessary medical nursing units to provide adequate hospital care reasonably close for all citizens.

The decision as to the size and boundaries of a hospital area or district, as well as the location of the district hospital and the medical nursing units, is made by the Hospital Council, a non-political body of representative Manitoba citizens.

Before making a decision, all interested towns and districts are allowed to appear before the Hospital Council to present their case for consideration.

After the Hospital Council has made its decision as to the exact boundaries of the area, and the

location of the district hospital and the medical nursing units, a plan is drawn up by the hospital board for the district, which board is made up of representative citizens appointed by the municipalities. Before it becomes operative the rate-payers of the district must approve by a $3/5$ majority of those voting over the whole area.

No medical nursing unit, nor district hospital, can be built as a separate unit, but all must be regarded as a part of the plan for the whole district. In other words, the provision of hospital facilities must be on a district basis and not as separate units within the district. The plan stands or falls as a whole for each district.

No person is required or compelled to go to the nearest hospital in any particular area; he can go to any hospital he wishes; there is complete freedom of choice by the patient.

How They Are Financed

The capital cost of building any of these types of hospitals (area, district or medical nursing units) is the sole responsibility of the hospital district in which they are situated. The hospital may be paid for by subscriptions, by taxation, or by a combination of both, or it may be built by a nursing order, whichever arrangement is made effective by the district hospital board. (See note below.)

The entire capital cost of diagnostic and laboratory equipment, estimated at approximately \$10,000 for each district hospital (a total of \$300,000.00 for the province as a whole) will be paid by the Provincial Government. The Government will also pay $2/3$ of the operating cost of the diagnostic services provided (a) the municipalities in the area request the services, (b) the area is in a health unit.

The town in which a district hospital or a medical nursing unit is built, and the four-mile area or less around such town, known as the adjacent zone, may be asked to pay a higher rate of taxation towards the cost of the construction of the hospital or medical nursing unit than the remainder of the same area. The reason for this is that the hospital facilities are closer to the residents of such towns and they should pay a higher rate.

The operation and maintenance of district hospitals and medical nursing units will be financed by the fees charged to patients, by per diem grants from the Government for patients, and by gifts and endowments. Any deficit will be charged against the district, to be collected in the manner decided by the District Hospital Board.

No area will be allowed to build any type of hospital unless and until the plan for financing has been approved by the Public Utility Board of the province. All by-laws for the raising of funds to build the hospital have to be approved by a 3/5 majority of the ratepayers voting for such area.

The present plan provides for the construction of hospitals only but leaves the patient responsible for payment for his or her hospital care. Therefore, any patient entering any type of hospital will pay whatever daily charge is required by the district hospital board.

(NOTE: The Manitoba Pool Elevators Association, who have strongly supported the extension of hospital facilities to rural areas, will provide a capital grant, estimated at \$2,000.00, for each hospital recognized by the Department of Health and Public Welfare as coming under the Manitoba Health Plan.)

How Hospitals Are Planned

To ensure that all hospitals built in the province from now on are well planned, the Department of Health and Public Welfare will provide floor plans free of charge to interested districts. Final plans of construction must meet the minimum requirements set up by the Hospital Council, and have the approval of the Department of Health and Public Welfare, thus guaranteeing a thoroughly up-to-date and modern hospital in each and every case.

How Hospital Districts are Organized

The Minister of Health and Public Welfare, on request, will first prepare a plan for the proposed hospital district. He will outline the area to be included and the approximate estimated cost. This proposed plan will include provision for the district hospital as well as for the necessary medical nursing units depending on the area and population to be served.

The proposed plan will then be sent for approval to each municipal council included in the district. When the majority of the councils have approved, the Minister will establish the district. It then becomes the responsibility of the councils concerned to appoint their representatives to a district hospital board. This board will prepare all the details required for the establishment of hospital facilities for the district.

Once the completed plan has received the Minister's approval, it will be submitted to a vote of the ratepayers.

If it appears that the plans for the development of a large hospital district are not feasible, the same procedure holds for the building of a medical nursing unit.

How They Are Administered

District hospitals are administered by a district hospital board made up entirely of representatives appointed by the municipal councils within the area.

Medical nursing units are administered by local committees responsible to the district hospital board.

In both cases, the control of the hospitals of all types is under local authorities, subject to supervision by the Department of Health and Public Welfare.

How This Part of The Health plan Serves You

It provides for the necessary increase in hospital beds.

It brings hospital facilities reasonably close to all our people.

It will induce young and ambitious medical practitioners to settle and remain in rural areas. If you want a doctor, you must give him the tools with which to work.

It decentralizes hospital care and provides for local administration at the local level with careful departmental supervision.

It will definitely raise the whole standard of health care in rural areas by providing modern hospital buildings, up-to-date facilities, and the best type of diagnostic and laboratory equipment.

For further information, write to Dr. C. R. Donovan, Director of Health, 320 Sherbrook Street, Winnipeg, Manitoba.